

A COMPARATIVE STUDY OF HEALTHCARE SERVICE QUALITY INDICATORS IN PRIVATE AND GOVERNMENT HOSPITALS IN MEERUT DISTRICT

Sujit Payla¹ Dr. Alok Kumar²

¹Assistant Professor ,Department of Sociology,
Govt. College (Constituent)Rabupura, G.B. Nagar

²Professor, Dept. of Sociology, CCSU Campus, Meerut

ABSTRACT

For every organisation, but especially for the healthcare sector, higher service quality is essential. The gap between service expectations and delivery, as assessed by a service user using a confirmation model, is referred to as service quality. Aims: To evaluate the respondents' socioeconomic status and must be aware of the hospital quality indicators. Methods: 200 participants were surveyed using planned interviews and observation as part of the current study's information collection process. By means of deliberate sampling, the respondents were selected. Result:According to the results, most of the respondents were male, Hindu, between the ages of 31 and 40, married, and educated. A majority of respondents believed that MBBS doctors were present in the hospital, that doctors were available at the scheduled time, that service was provided at the suggested time, and that healthcare services are not available without an appointment and that prescribed medicines are not available at the hospital, according to a comparison of private and government hospitals' healthcare service quality.

Keywords: Health, Healthcare & Service Quality.

INTRODUCTION:-

Health as "The state of optimum capacity of an individual for the effective performance of the roles and tasks for which he has been socialized" (Parsons, 1925 : 123). It is an action carried out by someone who considers themselves to be healthy in order to avoid health issues.(Kasl and Cobb: 1966).

Health behaviour is described as an action made by a person who feels well in order to prevent health problems, whereas illness behaviour is defined as an action taken by a person who feels ill in order to define that illness and get relief from it. (Kasl and Cobb: 1966).

Health care include not just medical treatment but also assistance for disease prevention, early disease detection, and rehabilitation (O.P. Sharma, 2000). With their specialised knowledge, extensive experience, and dedication, medical professionals play a critical role in creating improved health care systems for all. Every society has created a number of preventive and curative health care models, with the most prevalent being public (government), private, and voluntary. (Sakhuja, 2008 : 119).

A term that is fairly loosely used to describe the systems in place in a society for the delivery of health care (both preventive and curative). Whether or not they are arranged into a logical system The word may cover both formal and informal care, as well as care provided by both professionals and non-specialists (Oxford dictionary sociology).

A general assessment of the overall excellence or superiority of the service is referred to as service quality (Parasuraman et al. 1988). Additionally, service quality is described as the discrepancy between service expectations and execution as determined by a customer using a disconfirmation model (Cronin Jr. & Taylor, 1992; Potter et al., 1994).

Healthcare providers can identify procedures and services that need to be improved thanks to perceptions of service quality. Providers believe that ensuring patient satisfaction can help them avoid spending time and money resolving patients' issues in the future (Pakdil& Harwood, 2005).

The considerable differences between the patient's impression of the facility and the actual act of the service received by the client and delivered by the organisation at a specific time can be characterised as the definition of service quality, which is a broad concept. These discrepancies have an impact on the patient's or client's satisfaction and behavioural intentions. (2011, EP KoubaaEleuch)

OBJECTIVES OF THE STUDY:-

In the light of the above mentioned frame work following objectives will be undertaken-

1. To assess the socio economic profile of the respondents.
2. To know the indicators of healthcare service quality of the hospitals.

REVIEW OF LITERATURE:-

In their study of the impact of socio-demographic variables on patient satisfaction, Sharma and

Jain (2021) also looked at the discrepancy between patients' views and expectations of the medical care received in private hospitals in southern Rajasthan. They found a substantial correlation between the dependent variable, patient satisfaction with healthcare services, and the independent variables, gender and age. Patients are not receiving the degree of care they anticipate from healthcare practitioners, as seen by the discrepancy between expected and perceived quality.

Healthcare is a professional service, however Upadhyai et al. (2020) summarised this vast body of knowledge under the themes of healthcare service quality, its determinants, and assessment methodologies and found that user-defined service quality takes centre stage.

Abbasi-Moghaddam et al. (2019) examined patient opinions on clinic service quality in teaching hospitals connected to Tehran University of Medical Sciences in Iran using a questionnaire. They learned that most patients had favourable experiences going to clinics and thought the service was delivered satisfactorily. Patients' perceptions of physician consultation, the information supplied to patients, and the environment in which services are provided are actually the most important elements influencing service quality in clinics.

In order to investigate the connection between patient satisfaction and five aspects of medical interaction, including technical expertise, interpersonal factors, communication, consultation time, and access/availability, Aisha Jalil et al. (2017) recruited patients with diabetes mellitus in Pakistan. The largest public diabetic outpatient clinic in Punjab hosted the experiment from July to August 2015.. The researcher used the criteria technique to identify 1164 respondents who were 18 years of age or older, had diabetes mellitus, and had previously gone to the same clinic at least three times. The data were gathered through interviews and a structured questionnaire. Data analysis is performed using SPSS. The study's findings showed a strong correlation between patient satisfaction levels and demographic variables like gender, education, and occupation. Patient satisfaction and several facets of doctor-patient communication were substantially connected. Patient discontent has been connected to a number of doctor-incompetence-related concerns, such as inadequate management of urgent cases, incorrect diagnoses, over-reliance on medical testing, absence of physical examinations, a lack of specialists, and experimentation by medical students.

S.B. Jeshrun et al. looked into how patients felt about multi-specialty hospitals (2017). The five elements of high-quality service—reliability, tangibility, responsiveness, assurance, and empathy—were used to evaluate the standard of the services offered. The study was conducted on patients who were present at four different hospitals from Madurai's multi-specialty hospitals. The study was conducted using a structured questionnaire on a sample size of 182 patients, 124 of whom were men and 58 of whom were women. The analysis was completed using SPSS. According to the study's conclusions, keeping consumers requires offering them high-quality service. At Lady Willingdon Hospital in Lahore, Pakistan, Maqsood et al. (2017) investigated the relationship between service quality and physicians' and nurses' behavioural intentions. They found that while the majority of respondents firmly agreed that service quality increases patients' satisfaction and behavioural intentions, regression analysis revealed that service quality has a significant negative impact on behavioural intentions while a positive impact on behavioural intentions.

Patient satisfaction was investigated by MadhuPatil (2016) at both public and private institutions in the NCR. A total of 35 questions were used to analyse 28 private hospitals and 20 government hospitals in the NCR. The study's 150 participants served as respondents. Private hospitals outperformed public hospitals on the majority of evaluation criteria, including good service, cutting-edge technology, nurse behaviour, high quality, communication facilities, an easily accessible medical shop, service quality, patient satisfaction, a good administrative response, and informing family members of the patient's health status.

NEED OF THE STUDY:-

Healthcare cannot be researched in isolation; it must be examined within a social framework. Extreme poverty, a lack of well-paying jobs, ignorance, illiteracy, poor status of women, problems with open defecation, and inadequate sanitation facilities are all contributing factors to India's awful condition of healthcare. Discrimination based on a person's disease in cases of tuberculosis, leprosy, HIV/AIDS, etc. There is a huge problem in society. For instance, nearly 1 lakh infants under the age of 11 months pass away each year in India from diarrheal diseases, which are directly related to the problem of open defecation. As a result, the purpose of this study is to find out how outcomes are impacted by the evaluation items for healthcare service quality. This analysis may have only identified a subset of the factors that could have an impact on Meerut's healthcare system. Future research trials will further improve it.

METHODS:-

Participants-

200 participants were surveyed using planned interviews and observation as part of the current study's information collection process. By means of deliberate sampling, the respondents were selected. The OPD patients at Meerut's public and private hospitals were the source of the data. Using SPSS techniques, the data were categorised and examined.

Area of the Study-Two hospitals, one governmental and one private, are the subject of this inquiry in Meerut, Uttar Pradesh. To represent the respondents from the OPD, these two hospitals are situated on Garh Road in Meerut.

Result and Discussion-

The study involved 200 participants, of whom the majority (58%) were between the ages of 31 and 40 and the minority (9%) were 50 years of age or older. The majority (66 % and 87 %) of the sample was made up of male and Hindu respondents. Similar to this, 73% of respondents were married and 93% had a high school degree. Except for the fact that 27% of respondents were single and 7% were illiterate, all other socioeconomic characteristics of the respondents were statistically the same. (Table-1)

According to respondents from each type of institution, 87% and 72% of respondents from Table 2's comparison of the healthcare quality offered by private and public hospitals believed that MBBS doctors were working there. Almost all respondents (100%) believed that doctors were present at scheduled times in private hospitals; no one believed that doctors were always available; and the majority of respondents (82%) believed that doctors were present during emergencies. Similar to this, in government hospitals, the majority (91%) of respondents thought that the doctor showed up when he or she said he would, that everyone thought that the doctor would be there in case of an emergency, and that no one thought that the doctor would always be available. The majority of respondents (93% and 86%, respectively) expressed the opinion that prompt medical care was provided in both private and governmental facilities. In contrast to the 100% of respondents who thought healthcare services could be acquired promptly and without an appointment in private hospitals, 95% of respondents in government hospitals believed that healthcare services could not be received without an appointment.

75% of respondents in a government hospital believed that the hospital's medical shop did not carry prescription medications, in contrast to 100% of respondents in a private hospital who believed that the hospital's medical store did provide the required drugs.

Wheelchairs, stretchers, ward boys, nurses, and other supplies were readily available, according to the large majority of respondents from both private and public hospitals who indicated that medical merchants supplied their services at the hospitals.

Table-1
Demographic Profile of the Respondents

Variables	No. of Respondents	Percentage
Age–		
21-30 yrs	42	21%
31-40 yrs	116	58%
41-50 yrs	24	12%
above 50 yrs	18	09%
Religion–		
Hindu	132	66%
Muslim	68	34%
Gender–		
Male	174	87%
Female	26	13%
Marital Status–		
Unmarried	54	27%
Married	146	73%
Education–		
Illiterate	14	07%
Primary	34	17%
Secondary	52	26%
Senior Secondary	76	38%
Degree/Diploma	24	12%

Source: Data collected by the researcher himself during Jan.-Apr. 2022.

Table-2

Indicators of Service Quality

Indicators of Service Quality	Private		Government	
	No.	%age	No.	%age
How skilled doctors in the hospital?				
MD	02	02%	06	06%
MBBS	87	87%	72	72%
Others	11	11%	22	22%
What are availability of doctors in the private hospitals?				
All time	0.0	0.0%	0.0	0.0%
Prescribed time	82	82%	91	91%
In the case of emergency	100	100%	100	100%
Providing the service at the time proposed.				
Yes	93	93%	86	86%
No	7	7%	14	14%
Prompt service without on appointment.				
Yes	100	100%	5	5%
No	0.0	0.0%	95	95%
Availability of prescribed medicines at the pharmacy.				
Yes	100	100%	25	25%
No	0.0	0.0%	75	75%
Quality of emergency service in the hospitals.				
Availability of wheelchair/stretchcher	100	100%	100	100%
Availability ward boys for shifting patients	100	100%	100	100%
Prompt attention by nurse	96	96%	93	93%
Service provided by the hospital of medical store.				
Available	100	100%	100	100%
Not available	0.0	0.0%	0.0	0.0%

Source: Data collected by the researcher himself during Jan.-Apr. 2022.

Conclusion and Recommendation and Limitation-

Any organization needs to offer higher service quality, but companies in the healthcare sector especially do. A greater level of service quality is provided to patients in government hospitals to make them happy, thus healthcare organisations or hospitals that now lack service quality should focus on the service quality they provide. It is advised to conduct more research on the relationship between service quality and patient happiness. It is suggested that research be done on patient perceptions as well as that of doctors, nurses, and other healthcare professionals to further establish the significance of greater service quality. Continuous research into how service quality affects patient behaviour and satisfaction. We must make an effort to comprehend better how excellent service contributes to a safe atmosphere. Medical staff, nurses, and administrators are all required to continuously improve their services.

This study establishes the argument that the calibre of a hospital's or healthcare facility's services has a big impact on its reputation. By continuing study in these areas and involving all employees, we may continue to discover new things for the system's improvement.

Due to time constraints and a small sample size of 200, we were unable to generalise the findings of this study to the full population. The study only took into account one hospital. Another limitation of the study was that data was only collected once. Scale validation in indoor healthcare services must be supported by long-term studies. Future studies that would explore the applicability of the strategy would also need to recruit outside individuals because the study relied on data from hospitalised patients to construct its conclusions.

REFERENCES

1. Abbasi, Moghaddam ...et al. (2019): "Evaluation of Service Quality from Patient's Viewpoint", BMC Health Services Research, pp: 1-7.
2. Aisha Jalil ...et al. (2017): "Patient Satisfaction with Doctor-Patient Interactions : A Mixed Methods Study Among Diabetes Mellitus Patients in Pakistan", BMC Health Services Research, pp: 17:155.
3. Dhyana Sharon Ross and R. Venkatesh (2015): "An Empirical Study of the Factors Influencing Quality of Healthcare and Its Effects on Patient Satisfaction", International Journal of Innovative Research in Science, Vol. 4, Issue 2.

4. epKoubaaEleuch, A. (2011): “Healthcare Service Quality Perception in Japan”, International Journal of Healthcare Quality Assurance, 24(6), pp: 417-429.
5. K. Vidhya ... et al. (2013): “An Empirical Study on Patient Delight and the Impact of Human and Non-Human Factors of Service Quality of Patient Satisfaction in Private Hospital”, IOSR Journal of Business and Management, Vol. 12, No. 4, pp. 20-27.
6. Madhu, Patil (2016): “Empirical Study on Patient Satisfaction in Hospitals in NCR”, Asian Journal of Business Management & Development Research : A Peer Review Quarterly Online Journal.
7. Maqsood, Mubashra ...et al. (2017): “Effects of Hospital Service Quality on Patients Satisfaction and Behavioural Intention of Doctors and Nurses”, Soudi Journal of Medical and Pharmaceutical Sciences, Vol. 3, Issue 6B, pp: 556-567.
8. Parasuraman, A., Valarie Zeithaml, and Leonard Berry (1988): “A Conceptual model of Service Quality and Its Implications of Future Research”, Journal of Marketing (Fall), 41-50.
9. Sakhuja, Swarnlate (2008): “The Medical and Health Care of Women”, Gyan Publication House, New Delhi.
10. Sharma, Khushboo and Jain, Komal (2021): “Service Quality in Healthcare : A Study of Patients Satisfaction in Selected Private Hospitals of South Rajasthan”, Wesleyan Journal of Research, Vol. 13, No. 68, pp: 1-9.
11. Upadhyai, Raghu ...et al. (2020): “Healthcare Service Quality : A Journey Sor Far”, Benchmarking : An International Journal, pp: 1-61.